

FOR OFFICIAL USE ONLY



LOUISVILLE METRO REVENUE COMMISSION

FAMILY LIMITED PARTNERSHIP ANNUAL INFORMATIONAL QUESTIONNAIRE

Name _____
Address _____
City _____ State _____ Zip _____
Federal ID _____ Phone No. _____ Ext _____

ACCOUNT NUMBER

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FOR YEAR ENDING

MM	DD	YY

For the purposes of this Questionnaire, a Family Limited Partnership is defined as: Any family-owned non-corporate entity where the sole activity of such entity is the production of investment income and as such is exempted from Occupational License Tax. **INVESTMENT INCOME** means and includes gross receipts derived from dividends, interest, annuities, and sales or exchanges of stock or securities to the extent of any gains therefrom. **FAMILY-OWNED** is defined as at least 95% of the equity of such entity is owned by members of the family, which means, with respect to an individual, only:

- (i) An ancestor of such individual;
- (ii) The spouse or former spouse of such individual;
- (iii) A lineal descendent of such individual, of such individual's spouse or former spouse, or of a parent of such individual, including a legally adopted child of such individual;
- (iv) The spouse or former spouse of any lineal descendent described in (iii); or
- (v) The estate or trust of a deceased individual who, while living, would have been categorized as any of the above.

An annual informational return must be filed in order to qualify for this exemption.

1. What is the full legal name of the Family Limited Partnership:

2. The street and mailing address of the designated office of the Family Limited Partnership is:

3. The date of the execution of the Family Limited Partnership Agreement or other organizational document is: _____. Please attach a copy of said agreement.

4. The date of the latest amendment of the Family Limited Partnership Agreement is:

_____. Please attach a copy of each and every amendment.

5. Please attach a list of the Family Limited Partnership's General and Limited partners, including mailing addresses.

MAILING ADDRESS: P.O. BOX 35410 • LOUISVILLE, KENTUCKY 40232-5410

Telephone: (502) 574-4860 • www.metrorevenue.org • Fax: (502) 574-4818 • taxhelp@metrorevenue.org • TDD: (502) 574-4811

6. Is this Family Limited Partnership registered with the Kentucky Secretary of State? ☐ Yes ☐ No

7. The name and address of the registered office and registered agent in the State of Kentucky for service of process:

8. Has the Family Limited Partnership elected to be a limited liability partnership? ☐ Yes ☐ No

9. Does the General Partner have majority ownership of the limited partnership interests as well as the general partnership interests? ☐ Yes ☐ No

10. Is the sole activity of the partnership the production of investment income, foreign and/or domestic, or limited to gross receipts derived from dividends, interest annuities, and sales or exchanges of stock or securities to the extent of any gains therefrom? ☐ Yes ☐ No

11. Is the partnership involved in the acquisition, sale and or rental of real and or tangible property? ☐ Yes ☐ No

General Partner Name (print)	
Signature X	Date